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CONFIRMATION NO. 8517

Bib Data Sheet

SERIAL NUMBER 10/676,492	FILING DATE 10/02/2003 RULE	CLASS 016	GROUP ART UNIT 3676	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA ***** *None/*

** FOREIGN APPLICATIONS ***** *None/*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 01/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VA	SHEETS DRAWING 6	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS		

Verified and Acknowledged

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TITLE
 Handle extender

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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